US BANKRUPTCY COURT EASTERN DISTRICT OF NORTH CAROLINA RALEIGH DIVISION



RE:

Case No. 98-02675-5-ATS

International Heritage Inc.

APPLICATION FOR RELEASE OF UNCLAIMED FUNDS

IT APPEARING THAT a dividend check in the amount of \$478.00 was issued by the trustee to Lois Schneider, creditor in the above-referenced case.

IT ALSO APPEARING THAT said check was not negotiated by said payee and the trustee, pursuant to 11 U.S.C. Section 347(a), delivered the unclaimed funds to the Clerk, U.S. Bankruptcy Court. The United States Treasury is currently holding these funds.

CREDITOR'S current address, phone number and social security number are:

Lois Schneider 1105 E. Willow Dr. Olathe, KS 66061-4951 913-764-2340 SSN/TIN: 429-52-8669

The creditor did not receive the dividend check in the above case for the following reason:

The original dividend check was mailed to Lois Schneider at 210 S. Water Apt 43, Olathe, KS 66061. That address is no longer valid. The change of address prevented delivery of the original dividend check. Exhibit A is evidence that Lois Schneider once used that address.

IF APPLICANT IS A FUNDS LOCATOR, this application includes a Power of Attorney authorizing the undersigned, <u>Dilks & Knopik, LLC</u>, Attorney in Fact, to petition the Court on behalf of the claimant for the release of these funds. The U.S. Attorney for the Eastern District of North Carolina has been provided a <u>copy</u> of this application allowing 20 days from the date of service to file an objection to payment of the unclaimed funds.

Dilks & Knopik, LLC, attorney-in-fact for Lois Schneider, creditor, hereby petitions the Court for \$478.00, which is the sum of all monies being held in the registry of this court as unclaimed funds, which are due to creditor.

THEREFORE, an application is made for an order directing the Clerk of Court to pay said unclaimed funds to the order of <u>Lois Schneider c/o Dilks & Knopik, LLC</u>, applicant (or Attorney in Fact if application by funds locator), and mail said check to the following address: P.O. Box 2728, Issaquah, WA 98027.

Dated: June 10, 2008

Respectfully Submitted:

Brian J. Dilks, Managing Member

Dilks & Knopik, LLC

Attorney-in-Fact for Lois Schneider

On One on the basis of satisfactory evidence) to be the person (s) whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

SEAL

Caryn M. Dilks, Notary Public

My commission expires: July 29, 2010 Notary in and for the State of Washington.

PROOF OF SERVICE OF APPLICATION ON U.S. ATTORNEY

Notice is hereby given that on June 10, 2008 a <u>copy</u> of the Application for Release of Unclaimed Funds with Affidavits was served on the U.S. Attorney for the Eastern District of North Carolina, 310 New Bern Avenue, Federal Building, Suite 800, Raleigh, North Carolina 27601-1461 via U.S. Mail.

Dated: June 10, 2008

Brian J. Dilks, Managing Member

Dilks & Knopik, LLC

Attorney-in-Fact for Lois Schneider

UNITED STATES BANKRUPTCY COURT Eastern District of North Carolina

for the limited purpose of recovering, receiving and obtaining information pertaining to the outstanding tender of funds in the amount of \$478.00 (the "FUNDS"), including the right to collect on CLIENT's behalf any such funds that are held by a governmental agency or authority. 2. CLIENT grants to D&K the authority to do all things legally permissible and reasonably necessary to recover or obtain the FUNDS held by the governmental agency or authority. This limited authority includes the right to receive all communications from the governmental agency or authority and to deposit checks payable to CLIENT for distribution of the FUNDS to CLIENT, less the fee payable to D&K pursuant to and in accordance with its agreement with CLIENT. 3. D&K may not make any expenditure or incur any costs or fees on behalf of CLIENT without CLIENT's prior written consent. 4. This Authority to Act shall become effective on the below signed date and shall expire upon collection of the aforementioned FUNDS. I authorize the use of a photocopy of this Limited Power of Attorney in lieu of the original. **Lower 4**	Lasu	ern District of North Carollia
1. Lois Schneider ("CLIENT"), appoints Dilks & Knopik, LLC ("D&K"), as its lawful attorney in fact for the limited purpose of recovering, receiving and obtaining information pertaining to the outstanding tender of funds in the amount of \$478.00 (the "FUNDS"), including the right to collect on CLIENT's behalf any such funds that are held by a governmental agency or authority. 2. CLIENT grants to D&K the authority to do all things legally permissible and reasonably necessary to recover or obtain the FUNDS held by the governmental agency or authority. This limited authority includes the right to receive all communications from the governmental agency or authority and to deposit checks payable to CLIENT for distribution of the FUNDS to CLIENT, less the fee payable to D&K pursuant to and in accordance with its agreement with CLIENT. 3. D&K may not make any expenditure or incur any costs or fees on behalf of CLIENT without CLIENT's prior written consent. 4. This Authority to Act shall become effective on the below signed date and shall expire upon collection of the aforementioned FUNDS. I authorize the use of a photocopy of this Limited Power of Attorney in lieu of the original. **Local Limited Power of Attorney in lieu of the original.** **Local Limited Power of Attorney in lieu of the original.** **Local Limited Power of Attorney and State, personally appeared (name) Local Local Limited Power of Nature and State, personally appeared (name) Local Local Limited Power of Nature and State, personally appeared (name) Local Local Limited Power of Nature and State, personally appeared (name) Local Local Limited Power of Nature and State, personally appeared (name) Local Limited Power of Nature and State, personally appeared (name) Local Limited Power of Nature and Fundamental Limited Power of Nature and State, personally appeared (name) Local Limited Power of Nature and Fundamental Limited Power of Nature and Fundamental Limited Power of Nature and State and Power of Nature and State and State and State and State an	_	AUTHORITY TO ACT Limited Power of Attorney
for the limited purpose of recovering, receiving and obtaining information pertaining to the outstanding tender of funds in the amount of \$478.00 (the "FUNDS"), including the right to collect on CLIENT's behalf any such funds that are held by a governmental agency or authority. 2. CLIENT grants to D&K the authority to do all things legally permissible and reasonably necessary to recover or obtain the FUNDS held by the governmental agency or authority. This limited authority includes the right to receive all communications from the governmental agency or authority and to deposit checks payable to CLIENT for distribution of the FUNDS to CLIENT, less the fee payable to D&K pursuant to and in accordance with its agreement with CLIENT. 3. D&K may not make any expenditure or incur any costs or fees on behalf of CLIENT without CLIENT's prior written consent. 4. This Authority to Act shall become effective on the below signed date and shall expire upon collection of the aforementioned FUNDS. I authorize the use of a photocopy of this Limited Power of Attorney in lieu of the original. **Lower Language Acknowledgment** **Lower Language Acknowledgment** **STATE OF Kansas** **OUNTY OF Language Acknowledged to me that (circle one) he/she did so freely and voluntarily and for the uses and purposes therein mentioned. **WITNESS my hand and official seal.** **NOTARY PUBLICATION** **NOTARY PUBLICATION** **Lower Language Acknowledged Acknowledge	USED ONLY TO COLLECT	FUNDS FROM THE ABOVE REFERENCED CASE
recover or obtain the FUNDS held by the governmental agency or authority. This limited authority includes the right to receive all communications from the governmental agency or authority and to deposit checks payable to CLIENT for distribution of the FUNDS to CLIENT, less the fee payable to D&K pursuant to and in accordance with its agreement with CLIENT. 3. D&K may not make any expenditure or incur any costs or fees on behalf of CLIENT without CLIENT's prior written consent. 4. This Authority to Act shall become effective on the below signed date and shall expire upon collection of the aforementioned FUNDS. I authorize the use of a photocopy of this Limited Power of Attorney in lieu of the original. Lower 4, 2008 Lois Schneider ACKNOWLEDGMENT STATE OF Kunsas On this 4th day of Down COUNTY OF COUNTY OF COUNTY OF Schneider ACKNOWLEDGMENT STATE OF Kunsas On this 4th day of Schneider known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that (circle one) he/she did so freely and voluntarily and for the uses and purposes therein mentioned. WITNESS my hand and official seal. NOTARY PUBLIC And Action Public Action Public and Individual Public Action P	for the limited purpose of recovoutstanding tender of funds in the an	vering, receiving and obtaining information pertaining to the mount of \$478.00 (the "FUNDS"), including the right to collect on
ACKNOWLEDGMENT STATE OF Kansas On this Haday of State, personally appeared (name) Los Schneider ACKNOWLEDGMENT Side County and State, personally appeared (name) Los Schneider Witness of the uses and purposes therein mentioned. Witness my hand and official seal. NOTARY PUBLIC Schneider Ack shall become effective on the below signed date and shall expire upon collection of the signed Notary Public in and for the undersigned Notary Public in and for the sid County and State, personally appeared (name) Los Schneider Lynsie Ayers	recover or obtain the FUNDS held includes the right to receive all co- deposit checks payable to CLIENT	by the governmental agency or authority. This limited authority mmunications from the governmental agency or authority and to for distribution of the FUNDS to CLIENT, less the fee payable to
Collection of the aforementioned FUNDS. I authorize the use of a photocopy of this Limited Power of Attorney in lieu of the original. Low Schneider Tax ID: XXX-XX-429-52-8669 ACKNOWLEDGMENT STATE OF Kansas On this 4th day of said County and State, personally appeared (name) Los Schneider known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that (circle one) he/she did so freely and voluntarily and for the uses and purposes therein mentioned. WITNESS my hand and official seal. NOTARY PUBLIC AND AND AND Explanation My Appl. Exp		ture or incur any costs or fees on behalf of CLIENT without
ACKNOWLEDGMENT STATE OF Kansas On this Ht day of Jone , 2008, before me, the undersigned Notary Public in and for the said County and State, personally appeared (name) Los Schneloe known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that (circle one) he/she did so freely and voluntarily and for the uses and purposes therein mentioned. WITNESS my hand and official seal. NOTARY PUBLIC And And And Official seal. NOTARY PUBLIC And And And Official seal.	collection of the aforementioned FU	
ACKNOWLEDGMENT STATE OF Kansas COUNTY OF MASON On this Haday of Jang , 2008, before me, the undersigned Notary Public in and for the said County and State, personally appeared (name) Lois Schne Color known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that (circle one) he/she did so freely and voluntarily and for the uses and purposes therein mentioned. WITNESS my hand and official seal. NOTARY PUBLIC LYNSIE AYERS Residing at My Appt. Expl. (1998)	Lois Schneider	Dato 4, 20 <u>08</u>
On this Ht day of	Tax ID: XXX-XX- <u>429-5'2-</u> 8'	669
On this He day of Jone , 2008, before me, the undersigned Notary Public in and for the said County and State, personally appeared (name) Lois Schneider known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that (circle one) he/she did so freely and voluntarily and for the uses and purposes therein mentioned. WITNESS my hand and official seal. NOTARY PUBLIC LYNSIE AYERS Residing at My Appt. Exp. My Ap		ACKNOWLEDGMENT
said County and State, personally appeared (name) LOIS SCH NOICE known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that (circle one) he/she did so freely and voluntarily and for the uses and purposes therein mentioned. WITNESS my hand and official seal. NOTARY PUBLIC LYNSIE AYERS Residing at My Appt. Exp. My Appt.	STATE OF Kansas	county of Johnson
NOTARY PUBLIC Residing at Clark, KS Residing at Clark, KS LYNSIE AYERS My Appl. Exp. (120) all state of Earling My Appl. Exp. (120) all	said County and State, personally appeared to be the person described in and who executed to be the person described in and who executed to be the person described in and who executed to be the person described in and who executed to be the person described in and who executed to be the person described in and who executed to be the person described in and who executed to be the person described in and who executed to be the person described in and who executed to be the person described in and who executed to be the person described in and who executed to be the person described in and who executed to be the person described in and who executed to be the person described in an executed to be the person described in the pe	known to me cuted the foregoing instrument, and who acknowledged to me that (circle
	NOTARY PUBLIC Residing at Clark, KS	LYNSIE AYERS STATE OF MANSAS My Appl. Exp. (120/201)



LOIS SCHNEIDER

Acct #

Page - 2













